KPDES FORM 1

AI 35392

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

RECEIVED
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By

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
- ☐ Apply for reissuance of expiring permit.
- ☐ Apply for a construction permit.
- ☐ Modify an existing permit.
  Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:
Form A, Form B, Form C, Form F, or Form SC

For additional information contact:
KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION	AGENCY USE	0	0	4	0	7	3	8

A. Name of business, municipality, company, etc. requesting permit: Calloway Co. Board of Education

B. Facility Name and Location: East Calloway Co. Elementary School

Facility Location Name: Calloway Co

Facility Location Address (i.e. street, road, etc., **not PO Box**): Hwy 280 West of Pottertown

Facility Location City, State, Zip Code: Murray KY 4207

C. Primary Mailing Address (all facility correspondence will be sent to this address). **Include owner mailing address on a separate sheet if different.**

Facility Contact Name and Title: Mr. ☒ Ms. ☐
Mr. Roy Dunn

Mailing Address: P.O. Box 800

Mailing City, State, Zip Code: Murray, KY 42071

Facility Contact Telephone Number: (270) 762-7320

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc:
Public Schools System

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	8221 Elementary and Secondary Schools		
Other SIC Codes:			

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for the site. (See instructions)

B. County where facility is located: Calloway	City where facility is located (if applicable): Murray
C. Body of water receiving discharge: See Attached	
D. Facility Site Latitude (degrees, minutes, seconds): See Attached	Facility Site Longitude (degrees, minutes, seconds):
E. Method used to obtain latitude & longitude (see instructions): USGS topographic map	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	

IV. OWNER/OPERATOR INFORMATION

A. Type of Ownership:
☒ Publicly Owned ☐ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator: Kenny Duncan	Telephone Number: (270) 873-7388
Operator Mailing Address (Street): 1709 Plainview Dr	
Operator Mailing Address (City, State, Zip Code): Murray KY 42071	
Is the operator also the owner? Yes ☐ No ☒	Is the operator certified? If yes, list certification class and number below. Yes ☒ No ☐
Certification Class: WW. I	Certification Number: 16574

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number: KY0102504	Issue Date of Current Permit: April 1 2004	Expiration Date of Current Permit: March 31 2009
Number of Times Permit Reissued:	Date of Original Permit Issuance:	Sludge Disposal Permit Number:
Kentucky DOW Operational Permit #: KY0102504	Kentucky DSMRE Permit Number(s):	

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	Mr. Roy Dunn
DMR Official Telephone Number:	(270) 762 7320

B. DMR Mailing Address:
- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:	Microbac Laboratories Inc.
DMR Mailing Address:	3323 Gilmore Industrial Blvd
DMR Mailing City, State, Zip Code:	Lexington KY

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:	Filing Fee Enclosed:

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. ☒ Ms. ☐ Roy Dunn, Director of Bldgs & Grounds	(270) 762-7320
SIGNATURE Roy G. Dunn	DATE: 10-15-08

KPDES FORM SC

AI 35392

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY:

I. FACILITY DISCHARGE FREQUENCY	AGENCY USE	0	0	4	0	7	3	8

A. Do discharge(s) occur all year? Yes ☒ No ☐
(Complete Item IX for intermittent discharges.)

B. How many days per week? 5 days

II. A. Give the basis of design for sizing of the wastewater facility (see instructions):
East- 357 Students

B. If new discharger, indicate anticipated discharge date:

C. Indicate the design capacity of the treatment system: .008 MGD

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
003	36	37	25	88	14	20	Ditch to East Fork Clayton Creek

Method used to obtain latitude/longitude
(i.e. GPS unit, USGS topographic map coordinates, etc.)

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)
If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
003	Wastewater Treatment	.008 mgd	Grinding Disinfection	3-A
			Activated Sludge	

V. Check the type(s) of wastewater discharged.

☒ Domestic (60% or more sanitary sewage) ☐ Oil field waste

☐ Noncontact cooling water ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☒ **Yes** ☐ **No**

VII. Discharge to other than surface waters. Check appropriate location:

☐ Publicly-owned lake or impoundment Name of lake:

☐ Publicly-owned treatment works (POTW). Name of POTW:

☐ Land application of Effluent

☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well

☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

☐	Antimony		☐	Copper		☐	Silver	
☐	Arsenic		☐	Lead		☐	Thallium	
☐	Beryllium		☐	Mercury		☐	Zinc	
☐	Cadmium		☐	Nickel		☐		
☐	Chromium		☐	Selenium		☐		

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IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)		
A. Number of bypass points:		(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:	☐ Wet Weather	☐ Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points: (If discharge is from an overflow point, the information below must be completed.)		
Check when overflow occurs:	☐ Wet Weather	☐ Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)	
NAME	**ACTUAL POPULATION SERVED**
TOTAL POPULATION SERVED	

(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS

A. Indicate results of analysis for pollutants listed below.

POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD_5	0.130	<0.080	1/90
TOTAL SUSPENDED SOLIDS	0.40	<0.27	1/90
FECAL COLIFORM	<10	<10	1/90
TOTAL RESIDUAL CHLORINE	.5	5	1/90
OIL AND GREASE	N/A		
CHEMICAL OXYGEN DEMAND	N/A		
TOTAL ORGANIC CARBON	N/A		
AMMONIA	0.09	<0.06	1/90
DISCHARGE FLOW	0.003	<0.002	1/90
pH	6.2	6.2	1/90
TEMPERATURE (WINTER)	15.0°C		
TEMPERATURE (SUMMER)	25°C		

B. Frequency and duration of flow:	

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Roy G. Dunn Director of Maintenance, Buildings and Grounds	(270) 762-3820
SIGNATURE Roy G. Dunn	DATE 10-15-08

Send To Printer Back To TerraServer 11 x 17 Print Size

USGS 6 km E of Murray, Kentucky, United States 01 Jul 1987

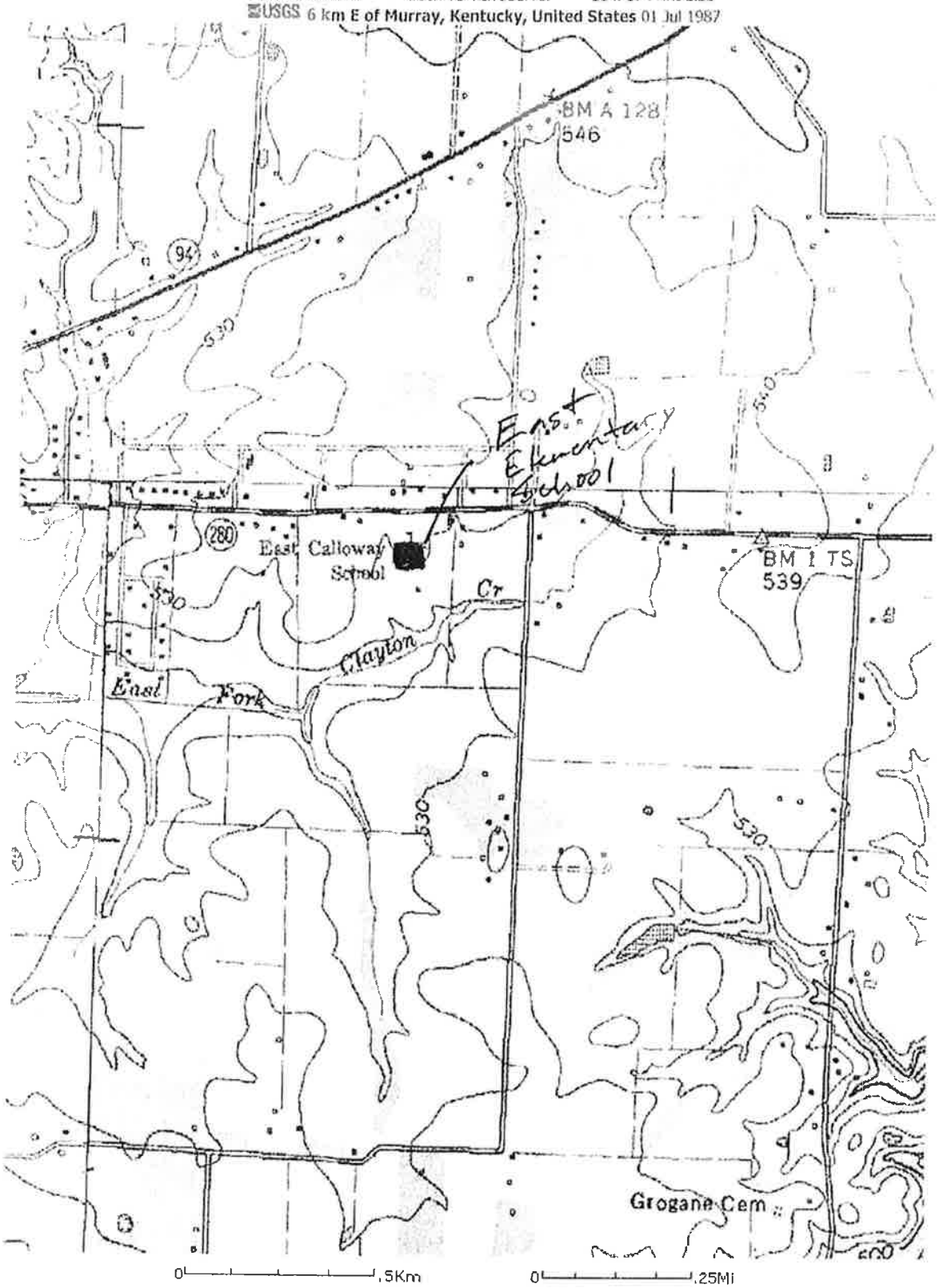

Image courtesy of the U.S. Geological Survey